

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765998 (0)

1. Corporation Name

BOCA DELRAY ASSOCIATION, INC.

Principal Place of Business
5483 BOCA DELRAY BLVD.
DELRAY BCH. FL 33484Mailing Address
5483 BOCA DELRAY BLVD.
DELRAY BCH. FL 33484-83243. Date Incorporated or Qualified
12/03/19823a. Date of Last Report
03/18/19964. FEI Number
59-2242102Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GELFAND, MICHAEL
ONE CLEARLAKE CENTRE, SUITE 1010
250 S AUSTRALIAN AVENUE
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FEINBERG, NELSON	
STREET ADDRESS	5483 BOCA DELRAY BLVD	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MARDER, CYRUS	
STREET ADDRESS	5483 BOCA DELRAY BLVD	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DIMM, WILLIAM	
STREET ADDRESS	5483 BOCA DELRAY BLVD	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PROSTOK, MAX	
STREET ADDRESS	5483 BOCA DELRAY BLVD.	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GOODMAN, EDWIN	
STREET ADDRESS	5483 BOCA DELRAY BLVD	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPALLONE, SALLY	
STREET ADDRESS	5483 BOCA DELRAY BLVD	
CITY-ST-ZIP	DELRAY BCH. FL	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HERBERT FRISHMAN	
1.3 STREET ADDRESS	5483 BOCA DELRAY BLVD.	
1.4 CITY-ST-ZIP	DELRAY BEACH, FL	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOROTHY YASINSKI	
2.3 STREET ADDRESS	5483 BOCA DELRAY BLVD.	
2.4 CITY-ST-ZIP	DELRAY BEACH, FL	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	IRWIN KALINA	
3.3 STREET ADDRESS	5483 BOCA DELRAY BLVD.	
3.4 CITY-ST-ZIP	DELRAY BEACH, FL	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	IRENE WAGNER	
4.3 STREET ADDRESS	5483 BOCA DELRAY BLVD.	
4.4 CITY-ST-ZIP	DELRAY BEACH, FL	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ALLAN COHEN	
5.3 STREET ADDRESS	5483 BOCA DELRAY BLVD.	
5.4 CITY-ST-ZIP	DELRAY BEACH, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044917

CR2E037 (9/96)

2/27/97